

UNDERGRADUATE MEDICAL EDUCATION IN PSYCHIATRY

- ARE WE MEETING THE DEMANDS?¹

K. PRAVEENLAL²

K.S. PRABHAVATHY²

K. KRISHNA MURTHY³

J.M. INNAH⁴

SUMMARY

Need for emphasizing teaching Psychiatry to undergraduate Medical students highlighted. Specific recommendations put forward by different bodies and groups reviewed. A questionnaire on the pattern of teaching Psychiatry was circulated among fifty undergraduate Medical students. Analysis of results revealed students in general are not satisfied with the present pattern. Several lacunae in the teaching identified as problems with in the system and staff. Suggestions are put forward for rectifying the defects.

Introduction

About 30% of patients attending General Medical Clinics are found to be having Psychiatric problems of significant nature (Srinivasa Murthy et al 1976). Psychiatric disorders and physical disorders can exist relatedly (Sternberg 1986), besides psychiatric complications of medical therapeutics. Due to better doctor population ratio (1:3 thousand) than psychiatrist population ratio (1:7 lakhs) in India, training general medical practitioners for managing severe mental morbidity forms a feasible strategy. Efforts in this direction is already started (Narayana Reddy et al 1986). In spite of being envisaged in National Mental Health programme, training undergraduates in psychiatry remains neglected. In contrast to specialities like Neurology, Dermatology, Radiology etc, an average M.B.B.S doctor is not having any basic knowledge and skill in psychiatry.

Psychiatry entered medical curriculum in 1937 and became operative from 1940 (Mohan 1983). The Bore Committee (1946) considered psychiatry as an essential subject which was stressed in the Indian National Medical Education Conference held in 1955. Review of the existing curriculum in psychiatry was suggested by Indian Psychiatric Society (I.P.S 1964, 1965). Still psychiatry remained a neglected area (Medical Education Committee 1969).

Status of Undergraduate Medical Education in Psychiatry was discussed in the seminar at Agra (WHO 1969) and workshop at Pondicherry (Jipmer 1983). Specific proposals of these committees and the recommendations by Medical Council of India (1983) are given in Table 1.

Kerala has five Medical Colleges at present, all having independent departments of Psychiatry. Present pattern of

1. Paper presented at 40th Annual Conference of I.P.S. at Varanasi.

2. Tutor
3. Assistant Professor
4. Professor and Head

Department of Psychiatry,
Trichur Medical College,
Kerala State.

Table I
Specific Recommendations

Period of study	Agra Seminar 1969	Pondichery Workshop 1983	Medical Council of India 1983
	Theory Posting	Theory Posting *	Theory Posting
Preclinical	60 hrs	25 hrs	Unspecified hrs
Clinical 1st year		16 hrs	15 days
2nd year	60 hrs	15-20 hrs	
3rd year		6-8 hrs	4 to 6 wks
Internship			3-4 wks

Table II
Teaching Practice of Psychiatry in Medical Colleges of Kerala

Period of study		Trivandrum	Kottayam	Alleppey	Trichur	Calicut
Preclinical	Theory	4hrs	—	—	—	—
Clinical 1st year	Theory	—	—	—	—	—
	Clinics	15 days	15 days	15 days	15 days	15 days
Clinical 2nd year	Theory	—	—	—	—	—
	Clinics	—	—	—	—	—
Clinical 3rd year	Theory	10 hrs	15 hrs	—	15 hrs	—
	Clinics	—	—	—	—	—
Internship	Clinics	—	7 days	—	15 days	7 days

teaching psychiatry to undergraduate Medical Students are given in Table 2.

Trichur Medical College is the youngest of 5 Medical Colleges in Kerala, started functioning in 1983. 100 students are admitted annually. Psychiatry department has one Professor, one Assistant Professor, two tutors, one Senior house surgeon and one psychiatric social worker. Present paper is based on a feedback from students after teaching.

Procedure

At the end of 15 hours of lectures to first batch of final year Medical students, two questions were circulated among students to assess their level of satisfaction

with teaching. Large number of responses and frank opinion expressed stimulated us to circulate another questionnaire to a batch of 50 students who finished their clinical posting. This was followed by a series of informal discussions with teams of students and among the staff.

Observations

Ninety six percent responders considered inclusion of psychiatry in undergraduate medical curriculum as useful. Only 4% gave negative opinion. Present pattern of clinical teaching appeared meaningless to 50% of responders while 48% reported it is meaningful and 2% remained noncommitted. On the responsibility of posting being not beneficial, 44%

balanced system, 38% blamed staff and 18% found fault with themselves.

Students reported that they are unaware of what exactly to be enquired with the patient and what exactly their answer meant etc, as the clinical postings are before theory classes. Absence of text books of psychiatry leads students to forgetting the subject outside class rooms. Psychiatry chapters of medicine text books contrasts with what is taught (based on the post-graduate level text books the psychiatrists read). Unlike radiodiagnosis, neurology etc psychiatry is not discussed during medicine or paediatrics postings, even if relevant. Psychoses are taught in detail compared to neuroses while it is the opposite in medical students experience outside psychiatry wards. Only case identification is taught and students are unaware whether they are really manageable. No fixed schedules are followed for teaching. Only titbits are taught, frequently with repetition of some areas and omission of others.

Discussion

This paper is based on feed back responses from students and not on a planned study. Methodological deficiencies are hence inevitable and limitations are appreciated by authors. Nevertheless it is reported to share our views and initiate discussion.

Psychiatry is to be taught in a comprehensive perspective and not in a linear perspective. Teaching to be started from preclinical period with basic sciences and to be continued to the maximum possible which may encourage non psychiatrist also to discuss psychiatric aspects during their clinics.

Teacher should be familiar with psychiatry chapters of medicine text books. Regular and fixed teaching schedules to be planned by the department

sufficiently early. A brief theoretical background to be given before allotting the case for discussion. Neuroses, adjustment disorders and psychosomatic disorders should be given priority rather than clear psychoses. Monitoring the improvement should get equal importance as case diagnosis. Examination should follow teaching and psychiatrist should be the examiner in his own right.

References

- BHORE COMMITTEE (Health Survey and Development Committee) (1946). Report-volume II. Page 374. Government of India Press. Simla.
- INDIAN PSYCHIATRIC SOCIETY (1964), Report of the sub committee on undergraduate teaching in psychiatry, volume VII.
- JAWAHARLAL INSTITUTE OF POST-GRADUATE MEDICAL EDUCATION AND RESEARCH (1983), Report of National workshop on undergraduate medical education in mental health (Sponsored by the W.H.O.) Jipmer, Pondichery, India.
- MEDICAL COUNCIL OF INDIA (1983) Recommendations on Graduate Medical Education—Adopted by the Medical Council of India in March 1981. M.C.I., New Delhi.
- MEDICAL EDUCATION COMMITTEE (1969), Ministry of Health, New Delhi.
- MOHAN, D (1983), Lacunae in psychiatry teaching in U.G. Medical Education. In: Report of National workshop on undergraduate medical education in Mental Health. Annexure 4. Jipmer, Pondichery.
- NARAYANA REDDY, G.N., CHAN-NABASAVANNA, S.M., SRINIVASA MURTHY, R. (1986), Implementation of National Mental Health Programme for India, *NIMHANS Journal*, 4(2), 77-84.
- SRINIVASA MURTHY, R., KURUVILLA, K. & PULIMOOD, B. (1976), Psychiatric illness in a general hospital medical clinic. *Journal of Indian Medical Association*, 66, 6-8.
- STERNBERG (1986), Testing for physical illness in psychiatric patients, *Journal of Clinical Psychiatry*, 47 (1 suppl), 3-9.
- WORLD HEALTH ORGANISATION (1969), Report on the Regional Seminar on the place of psychiatry in Medical Education, Agra, 12-18 March 1968-WHO/SEA/Med. Educ/ 113. W.H.O. New Delhi.